## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	C C00562587
	0 00002007
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
DSPolitical  Mailing Address 901 New York Ave NW	08 31 7 2014
Suite 470 East	Amount
City State Zip Code	15000.00
Washington DC 20001-4432	Transaction ID : VNV0C9P5DM3  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Buy  Category/ Type	08 / 31 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Jim Rubens Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee Google	Date of Public Distribution/Dissemination
Mailing Address 1600 Amphitheatre Pkwy	08 31 2014
	Amount
City State Zip Code	32500.00
Mountain View CA 94043-1351	Transaction ID: VNV0C9P5E58  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Buy  Category/ Type	08 31 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Jim Rubens Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	47500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	